

NOV 20 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

38324

## 1. PLACE OF DEATH

County New MadridRegistration District No. 6042Township New MadridPrimary Registration District No. 5122City New MadridSt. Mo. Ward 

## 2. FULL NAME

(a) Residence, No. Marrington JonesSt.  Ward 

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

## 3. SEX

## 4. COLOR OR RACE

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

malecoloredmarried

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Mary Jones

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 5 - 1969

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

68410

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Haywood County Ky.

## 13. NAME

Robert Jones

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unk

## 15. MAIDEN NAME

unk

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unk

## 17. INFORMANT (ADDRESS)

Robert Jones new Madrid, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE New Madrid, Mo. DATE Oct 17, 1937

## 19. UNDERTAKER (ADDRESS)

Richard and Co. new Madrid, Mo.

## 20. FILED

11/10, 1937 Wm O'Banion Registrar

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct 15, 1937

## 22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

from recordCardiac Failureduration about 1 year.

Other contributory causes of importance:

gout

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) L. A. Richards Coroner(Address) new Madrid

